

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1940
Registration District No. 39

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10073

State File No.

Primary Registration District No. 4023

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Golden City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Golden City 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 22 years
years, months or days)

3. (a) PRINT FULL NAME William Martin McConnell

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sarah Ellen McConnell 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased April 7 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 7 0 hr. 0 min.

9. Birthplace Aspinous Co Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

12. Name David M. McConnell
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Marie Wilkerson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. McConnell
(b) Address Gasper Mo

17. (a) Burial (b) Date thereof Mar. 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. P. F. Cemetery Golden City

18. (a) Signature of funeral director Chas. J. Fetter

(b) Address Gasper Mo

19. (a) March 10 1940 (b) Mrs. Margaret Grace Jry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Golden City
(If outside city or town limits, write "RURAL")
(d) Street No. No Number
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day month
year 1940 hour 5 minute 28 M.

21. I hereby certify that I attended the deceased from Feb 28
1940, to March 8, 1940
that I last saw him alive on March 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 wks

Due to Arterio sclerosis

Due to g. n.

Other conditions g. n.
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature Chas. J. Fetter (M. D. or other)

Address Golden City Mo Date signed 3-9-40

RECEIVED

District Health Officer No. 6,

File Number 440-922

Date Filed APR 3 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Chas. J. Tuter, Registered Apprentice No. _____
working under my personal supervision.

Signed Chas. J. Tuter

Licensed Embalmer No. 23-616

P. O. Address Jasper Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.